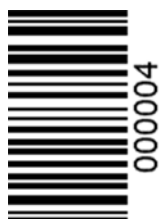




# INHERITANCE PLANNING - LIFE LONG INSURANCE (SECTION 72)

## APPLICATION DETAILS



**Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at [www.irishlife.ie](http://www.irishlife.ie) or you can ask us for a copy.**

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

### Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

**If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker of Adviser and not checked by Irish Life.**

### Profile Number

Profile

### 1(a). Personal Details First Person to be Covered

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)  /  /  Age Next Birthday

Gender Male ☐ Female ☐

Relationship Status Single ☐ Married ☐ Widowed ☐ Separated ☐

Divorced ☐ Registered Civil Partner ☐

Country of Birth

During the last 12 months, which of the following best describes your smoking habits:

Smoker ☐ Occasional smoker ☐ Used nicotine replacement products or E-cigarettes ☐ Non Smoker ☐

Previous Surname (if any)

Occupation

Level of Earnings €  each year

Address

Mobile Number

Home/Work Number

Email

Nationality

Are you Irish Resident for tax? Yes ☐ No ☐

A Non-smoker has not smoked or used any nicotine replacement products or E-cigarettes in the last 12 months

We need this information to ensure that the level of cover suits your circumstances

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

We are obliged to establish tax residency to comply with Anti Money Laundering requirements

## 1(b). Personal Details Second Person to be Covered

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

☐

Female

☐

Relationship Status

Single

☐

Married

☐

Widowed

☐

Separated

☐

Divorced

☐

Registered Civil Partner

☐

Country of Birth

During the last 12 months, which of the following best describes your smoking habits:

Smoker

☐

Occasional smoker

☐

Used nicotine replacement products or E-cigarettes

☐

Non Smoker

☐

Previous Surname (if any)

Occupation

Level of Earnings

€

each year

Address

Mobile Number

Home/Work Number

Email

Nationality

Are you Irish Resident for tax?

Yes

☐

No

☐

## 1(c). Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA ?

Yes

☐

No

☐

Because this plan is being used for inheritance tax planning, if there are two lives to be covered it must be set up as joint life - second death and the two lives must be husband and wife or registered civil partners.

2. Inheritance Planning - Life Long Insurance (section 72)

Amount of Life Cover you want

Do you want Inflation Protection Yes ☐ No ☐

Do you want this plan to be eligible for relief under Section 72 of the CAT Consolidation Act 2003? Yes ☐ No ☐  
You would usually do this if this plan is being used for inheritance tax planning.

If you intend to use this plan for inheritance tax planning, have you filled in a trust request form? Yes ☐ No ☐  
If 'No', please read and sign the statement below.

I am aware that if I do not fill in a trust form or provide for this plan in my will the proceeds may not qualify for relief under Section 72 of the CAT Consolidation Act 2003 and therefore my beneficiaries will have to pay more inheritance tax.



Please sign and date

Signature of the first person to be covered

Date



Please sign and date

Signature of the second person to be covered

Date

3. Payment Details

Premium amount

Frequency of Direct Debit Every Month ☐ Every 3 Months ☐ Every 6 Months ☐ Every Year ☐

1st to 28th of month What date of the month do you want your Direct Debit taken?

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €600 ☐

If NO we will contact your financial adviser for confirmation of the start date Do you want your cover to begin immediately, if accepted? Yes ☐ No ☐

4. Communications and Transactions

Assuming the plan owner is not different from the persons covered and the plan is not to be assigned or written in trust, please confirm who can authorise transactions

All Plan Owners ☐ Only Any Plan Owner ☐ First Person Covered ☐ Second Person Covered ☐

How would you like to receive your plan communications from us? (for example, your welcome pack, letters and regular statements). Please tick one option:

First Person Covered ☐ Online ☐ By Paper Post

Second Person Covered ☐ Online ☐ By Paper Post

Plan Owner ☐ Online ☐ By Paper Post

Plan Schedule by post everything else electronically Yes ☐ No ☐

This includes: Canada Life Progressive Life

If YES you must also complete a TRUST FORM which can be found on Bline or MyBiz

Is the application in connection with a mortgage? Yes ☐ No ☐

Is the cover amount required less than or equal to the mortgage amount? Yes ☐ No ☐

Do you want the original plan schedule to be sent to your financial adviser? (not applicable if plan is taken out through an Irish Life tied channel) Yes ☐ No ☐

Is the plan being set up under a conversion of an existing Irish Life Plan? Yes ☐ No ☐

Is the plan under which the conversion is being exercised assigned or held in trust? Yes ☐ No ☐

Please provide Plan Number or Group Scheme name/number Under which the conversion is being exercised

Plan number

Group Scheme name/number





# UNDERWRITING QUESTIONS

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.**

If any item is blank or illegible, this will cause a delay in processing your application.

## Medical and Other Information

### Your personal health information:

In addition to our Irish Life Data Privacy Notice, the following is more detail relating to your personal health information that we collect and use in connection with this plan contract.

We need your relevant personal information and personal health information for underwriting decisions. This will determine whether we can offer cover and on what terms. We also need your relevant personal information and personal health information to assess and pay claims. If relevant, we will share your personal health information with reinsurers for underwriting and claims decisions. We can use your personal information and personal health information for any subsequent applications to Irish Life.

In addition to the personal health information we collect from you, we will request and receive your relevant personal health information from GPs, consultants, hospitals or other health professionals, and share your relevant personal health information with GPs, consultants, hospitals or other health professionals, if needed.

### Material Facts:

You must tell us all relevant information when answering all of the questions. If you do not, or if any answers are not true and complete, we could treat the plan as void. This includes disclosing tobacco consumption or use of nicotine replacement products including e-cigarettes. If you fail to reveal all material facts there will be no cover under the plan, we will not refund the payments and we will not pay a claim.

A material fact (relevant information) includes anything that would likely influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the section 'Other medical evidence'. We may also contact you if we need to ask you for further information on your answers or as part of any subsequent claim. We will rely on what you tell us and we will not automatically clarify or confirm any information you provide.

You can address any highly confidential information to Irish Life's Underwriting Team in a sealed envelope with your name, date of birth and application number (if applicable). You must refer to this information when answering your health questions.

If your health, circumstances, or answers to any of the questions in this application form change between the date you apply for cover and the date your application is accepted, you must let us know immediately as failure to do this may result in a claim being refused.

### Genetic Test Information:

You should not tell us about any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. You must however, tell us if you are having treatment for, or experiencing symptoms of, a genetic condition. You will be asked for full information about your family history, including all genetic conditions.

### Consent to Automated Decisions, including Profiling:

I agree to automated underwriting decisions being made about me based on set risk criteria and using my personal information, including personal health information. I understand this will make my application process quicker and that the automation is designed to reduce costs, improve efficiency, quality and consistency in underwriting decisions. I understand that I have the right to withdraw consent at any time by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team. I also understand that I have the right to object and to request that a person review and make the final underwriting decision.

Life Assured 1

I agree ☐

I don't agree ☐

Life Assured 2

I agree ☐

I don't agree ☐

## Medical and Other Information (continued)...

	First Person	Second Person
(1). Please give the name and address of your doctor.	<div></div>	<div></div>
If you have changed doctor in the last year, please give the name and address of your previous doctor as well.	<div></div>	<div></div>

	First Person	Second Person
(2). Please give your height and weight	<div></div> Feet <div></div> Inches <div></div> Stones <div></div> lbs OR <div></div> Cms <div></div> Kg	<div></div> Feet <div></div> Inches <div></div> Stones <div></div> lbs OR <div></div> Cms <div></div> Kg

	First Person	Second Person
(3). Which of the following best describes your smoking habits:		
I am a smoker	<input type="radio"/>	<input type="radio"/>
I am an occasional smoker or have smoked in the last 12 months	<input type="radio"/>	<input type="radio"/>
I have used nicotine replacement products including E-cigarettes in the last 12 months	<input type="radio"/>	<input type="radio"/>
I have not smoked or used nicotine replacement products including E-cigarettes in the last 12 months	<input type="radio"/>	<input type="radio"/>
I am a life long non smoker	<input type="radio"/>	<input type="radio"/>
<b>If selected 'I am a smoker':</b> What do you smoke and how many/ much a day?		
Cigarettes	<input type="radio"/> <b>number</b> <div></div> per day	Cigarettes <input type="radio"/> <b>number</b> <div></div> per day
Cigars	<input type="radio"/> <div></div> per day	Cigars <input type="radio"/> <div></div> per day
Pipe	<input type="radio"/> <div></div> per day	Pipe <input type="radio"/> <div></div> per day

(4). Typically, how many alcoholic drinks do you consume in a week?	None <input type="radio"/> 1 - 10 <input type="radio"/> 11 - 20 <input type="radio"/> 20 - 40 <input type="radio"/> 40 - 60 <input type="radio"/> Over 60 <input type="radio"/>	None <input type="radio"/> 1 - 10 <input type="radio"/> 11 - 20 <input type="radio"/> 20 - 40 <input type="radio"/> 40 - 60 <input type="radio"/> Over 60 <input type="radio"/>
---	--	--

(5). Have you ever had treatment or advice from a health professional in relation to stopping or reducing your alcohol consumption?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
---	--	--

(6). Have you ever had diabetes (type 1 or 2 or pregnancy related) or sugar in the urine?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
---	--	--

Please specify what do you smoke and how many / much a day below

A Non-smoker has not smoked or used any nicotine replacement products or E-cigarettes in the last 12 months

It is our practice to carry out occasional tests to confirm smoker status

One alcoholic drink is: a pint of beer, a glass of wine or one measure of spirits.

Diabetes includes Type 2 diabetes treated by diet, gestational diabetes or Sugar in urine

## Medical and Other Information (continued)...

	First Person		Second Person	
(7). Have you ever had any disease or disorder of the heart, including angina, heart attack, bypass, cardiomyopathy, heart valve disorder or heart murmur?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(8). Have you ever had a stroke, brain haemorrhage or brain injury, transient ischaemic attack(TIA), aneurysm, or any disease of the arteries or veins, including poor circulation in the legs?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(9). Have you ever had treatment or advice for any form of cancer or malignant condition, leukaemia, Hodgkins disease, lymphoma, melanoma, or a benign brain or spinal tumour?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(10). Have you ever had symptoms of or had treatment for epilepsy (including seizures, fits or blackouts), multiple sclerosis, optic neuritis, paralysis or any neurological condition?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(11). Have you ever had symptoms of, treatment or investigations for trembling, numbness, loss of feeling or tingling in face, hands or feet or temporary loss of muscle power?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(12). Have you ever had symptoms of or treatment for any disorder of the stomach, liver, pancreas or bowel (including Crohn's disease, ulcerative colitis, polyps or ulcer)?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(13). Have you ever had symptoms, treatment or advice for or been referred for any mental health problems including depression, self harm or psychiatric disorders including bipolar, mood or eating disorders?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(14). Have you ever taken drugs for other than medicinal purposes, including the use of recreational drugs?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(15). Have you ever tested positive for Hepatitis B or Hepatitis C, HIV or are you waiting for the results of such tests?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(16). Are you currently taking or have you been advised to take prescribed drugs, medicines or tablets, creams, inhalers, drops or sprays or have you taken such a course lasting more than two weeks within the past year?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(17). Within the past five years have you been diagnosed with or had treatment for high blood pressure, high cholesterol, chest pains, an irregular heart beat or any blood disorder including haemochromatosis or anaemia?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(18). Within the past five years have you had symptoms or had treatment for asthma, bronchitis, sarcoidosis, emphysema or any other disorder of the lungs or airways?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(19). Within the past five years have you noticed or had symptoms, treatment or advice for any cyst or lump including breast lump or cyst, an abnormal cervical smear, an abnormal mole or a growth whether seen by a doctor or not?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(20). Within the past five years have you had symptoms of or treatment for any kidney, bladder, urinary disorder (including blood/protein in urine) or prostate disorder (including raised PSA level)?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
(21). Within the past five years have you had any symptoms of or treatment for any disorder of eyes (including any visual disturbance of the eyes, such as double vision or blurred vision) or the ears (including hearing impairment or loss of balance)?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

Vision corrected by lens can be omitted

## Medical and Other Information (continued)...

First Person

Second Person

(22). Within the past five years have you had any symptoms of, or required treatment for:

- any back or neck pain including sciatica, trapped nerves or whiplash
- any joint pain or disorder of the knees, hips, ankles, shoulders, elbows or wrists
- any type of arthritis or gout
- any muscular pains, cartilage, ligament or tendon injuries?

Yes ☐ No ☐

Yes ☐ No ☐

(23). Within the past five years have you had any symptoms, treatment or advice for stress, anxiety, low mood, chronic fatigue or fibromyalgia?

Yes ☐ No ☐

Yes ☐ No ☐

(24). Within the past five years, have you seen or been advised to see any specialist as an in-patient or out-patient at any hospital or clinic for any other illness or condition not already mentioned?

Yes ☐ No ☐

Yes ☐ No ☐

(25). Within the past five years have you undergone or been advised to undergo any medical investigation including blood test, scan, imaging and x-ray or to have a surgical operation?

Yes ☐ No ☐

Yes ☐ No ☐

(26). Within the past three years have you been unable to work for more than four consecutive weeks at a time?

Yes ☐ No ☐

Yes ☐ No ☐

(27). Do you take part in or have any intention of taking part in any kind of hazardous leisure activity (including private flying, motor sports, mountaineering or scuba diving etc)?

Yes ☐ No ☐

Yes ☐ No ☐

(28). Have you any intention of living or travelling outside of the EU, other than for holidays of less than 8 weeks duration, or have you resided out of the EU, North America, Australia or New Zealand for longer than one year in the last 10 years?

Yes ☐ No ☐

Yes ☐ No ☐

(29). Have you ever been offered special terms, postponed or declined for life cover, income protection or specified illness cover or have you made a claim for income protection or specified illness cover?

Yes ☐ No ☐

Yes ☐ No ☐

(30). Have any of your parents, brothers or sisters ever had any of the following conditions before age 60?

Yes ☐ No ☐

Yes ☐ No ☐

Angina - Heart Attack - Bypass surgery - Angioplasty - Cardiomyopathy - Stroke - Diabetes - Cancer (Bowel, Breast, Ovarian or other site) - Familial Polyposis of the Colon - Polycystic Kidneys - Multiple Sclerosis - Motor Neurone Disease - Parkinson's - Alzheimer's - Dementia - Muscular Dystrophy - Huntington's.

First Person

Second Person

	Condition Suffered	Age Started	Condition Suffered	Age Started
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brothers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sisters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Failure to disclose a family history could result in a potential claim being refused.

## Medical Details – Other Medical Evidence

Is there any other medical evidence you would like to disclose in relation to the health questions above?

### First Person

Question No

### Second Person

Question No

Will there be a Fast Track Questionnaire or any other questionnaires accompanying the application form?

First Person

Yes ☐ No ☐

Second Person

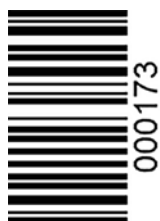
Yes ☐ No ☐

Information is correct as of 01/05/2018 and is subject to change.



# PROTECTION PLAN

## DECLARATIONS

**Proposal Number:**

--	--	--	--	--	--	--	--

Customer Review Number

[illegible]

Name Life Assured 1

[illegible]

Name Life Assured 2

[illegible]

Financial Adviser Name

[illegible]

**If you submit this proposal electronically you should only send us this section.**

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

**A. Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001**

## WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or insurance adviser.

Please complete this section by ticking the appropriate box:

This includes:  
Canada Life  
Progressive Life

- Yes, this plan is replacing an Irish Life plan

C

Yes, this plan is replacing a plan from another life company

C

No, this plan is not replacing another plan

C

Existing Plan Number

\_\_\_\_\_

### Declaration of Insurer/Financial Adviser

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.



Signature of Financial Adviser

X

Please sign and date

Date (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

### Declaration of Customer:

I confirm that I have received in writing the information specified in the above declaration.



SIGN HERE

Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

Plan Owner 1

X

Plan Owner 2

X

Date (dd/mm/yyyy)

/

Date (dd/mm/yyyy)

/

## B. Plan Declaration

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Irish Life in writing or by telephone, any information I give to a medical examiner acting for Irish Life and all terms and conditions given to me by Irish Life.

I have read and understand the important information about my obligation to tell Irish Life about all material facts in connection with the application and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, I understand and acknowledge there will be no cover under the plan, Irish Life will not refund my premiums and Irish Life will not pay a claim.

I declare that all information, statements and answers I have provided, including those about tobacco consumption or use of nicotine replacement products including e-cigarettes, are true and complete.

I understand that I must tell Irish Life in writing about any changes in my health, circumstances, or any answers to the questions in this application form change between the time I applied for cover and the date my application is accepted.

I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment. I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I understand that Irish Life can use my personal information for any subsequent applications to Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any GPs, consultants, hospitals or other health professionals who at any time has attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

- I confirm I have read and understood the Medical and Other Important Information section.
- I confirm I have received the product booklet and Customer Information Notice.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

### Declaration of Customer(s)

I have read and understood the Plan Declaration and have also received the product booklet.



SIGN HERE

Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

Plan Owner 1

X

Plan Owner 2

X

Date (dd/mm/yyyy)

/

Date (dd/mm/yyyy)

/

### If different from above:



Please sign and date

Life Assured 1

X

Life Assured 2

X

Date (dd/mm/yyyy)

/

Date (dd/mm/yyyy)

/

## C. Optional Consent

### Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Plan Owner 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Plan Owner 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>

### If different to Plan Owner

Life Assured 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Life Assured 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>

---





**Please complete all the fields in this Section**

Plan Number(s)

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

If this mandate is to cover more than 3 plans, please attach separate instructions.

--	--	--	--	--	--	--	--

Name of Plan Owner(s)

[illegible]

Direct Debit collection date

--	--

of the month (1st to 28th only)

### Payment frequency

Monthly ☐Quarterly ☐

Half Yearly ☐

Yearly ☐

# SEPA DIRECT DEBIT MANDATE

**Please complete all the fields below marked \* and return this mandate to Irish Life**

**Name and address of the payer:**

\* Name(s) of Account Holder(s)

[illegible]

Address of Account Holder(s)

[illegible]

BIC

[illegible]

\* IBAN

[illegible]

Your BIC and IBAN can be found on a recent bank statement

\* Signature(s)

X

\* Date of signing

**dd / mm / yyyy**

Please sign and date

X

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**For Office Use only**

UMR

[illegible]

Creditor Identifier

I	E	3	0	Z	Z	Z	3	0	3	5	8	7
---	---	---	---	---	---	---	---	---	---	---	---	---

Type of payment

Recurrent 

Creditor's name and address

[illegible]





# INHERITANCE TAX TRUST FORM

## - SINGLE LIFE

This trust form is provided by Irish Life Assurance plc.

### Who is the Settlor and what power does the Settlor have?

- The Settlor is the Life Assured on the plan and under the attached Trust form, is also the initial Trustee. At Section 1, please fill in the name and address of the Life Assured (i.e. First Person to be covered), along with the date the application form for cover was completed.
- The Settlor has the power to appoint a new or additional Trustee and could also remove any such Trustee.
- Section 4 of the Trust Form allows the Settlor to nominate someone who has the power to appoint a Trustee after the Settlor's death, in the case where there is no Trustee available. This nominated person can be changed by the settlor at any time. If no-one has been nominated, the Legal Personal Representative of the Settlor's Estate has the power to appoint Trustees after the death of the Settlor.

### Who are the Trustees and what power do they have?

- The Trustees are the legal owners of the plan and are directed to hold the plan for the benefit of the Beneficiaries.
- The Trust form provides that the Settlor is the initial Trustee and gives him/her the power to appoint additional Trustees if he/she so wishes. The form does not make any provision for the appointment of such additional Trustees at outset, but they may be added at any time. Irish Life must be informed in writing of any such appointment of additional Trustees.
- The powers of the Trustees are outlined in Section 5 of the Trust Form.
- Irish Life can only deal with Trustees, the legal owners of the plan, in all future events. We request that we be notified in writing by the Trustees of any change in circumstances of this Trust, such as any appointment, resignation, dismissal, removal, retirement, revocation or any other act of the Settlor or Trustees.

### Who is the nominated person on the death of the Settlor and what power does he/she have?

- As stated above, Section 4 of the Trust form makes provision for the appointment of a nominated person who has the power to appoint a Trustee after the Settlor's death, where there is no Trustee available. If this power is to remain with the Settlor and on his/her death, to go to the Legal Personal Representative of the estate, please leave Section 4 blank. If a nominated person is to be appointed, please insert their name and address in the space provided.

### Who are the Beneficiaries?

- A Beneficiary is a person for whom the plan is held by the Trustees.
- If no Beneficiaries are specified under Section 3(a) of the Trust form, the life cover amount will be paid out to all beneficiaries of the Estate, in their respective proportions. Therefore, if you wish to provide for the liabilities of all beneficiaries of the Estate, please leave Section 3 blank. The life cover amount will then be split between all beneficiaries of the Estate in the same proportion as their liability bears to the entire inheritance tax liability. Any surplus will be paid into the Settlor's Residue\* and will be taxable.
- The Settlor can specify in Section 3 who the Beneficiaries of the plan will be on death and the life cover amount will be paid out to those Beneficiaries in the same proportion as their individual liability bears to their combined liabilities. Any surplus will be paid into the Settlor's Residue and will be taxable.

### What happens on death?

- On the death of the Settlor, we will pay the life cover amount to the Trustees, who will pay over to the Beneficiaries, who will use it to pay their inheritance tax liabilities. If the Settlor is the only Trustee, we will then either pay over to the Legal Personal Representative of the Estate or to whoever has been appointed by the nominated person under Section 4, as Trustee.
- If there is a surplus remaining, after paying the inheritance tax of the Beneficiaries, it is paid into the Settlor's Residue and will be taxable.
- If the plan no longer qualifies for relief under Section 72, the life cover amount will be paid into the Settlor's Residue and will be taxable.

\*Residue refers to that part of the Estate remaining after all specific inheritances have been paid.

#### Please Note

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust form to their own Solicitor for examination.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

## Declaration of Trust

In respect of a sole life plan to be issued pursuant to Section 72 of the CAT Consolidation Act 2003

1. I,   
of

declare that I have submitted to Irish Life Assurance plc a form of proposal dated  /  /  seeking a plan of insurance on my life, the plan sought being one that is expressed to be effected as a qualifying insurance plan' within the meaning of Section 72 of the CAT Consolidation Act 2003 (previously Section 60 of the 1985 Finance Act). In this document I refer to myself as 'the Settlor' to Irish Life Assurance plc as 'the Company' and to the said qualifying insurance plan as 'the Plan'. The expression 'trustees' shall embrace me the Settlor as initial trustee and such other persons as may hereafter be appointed to assist or succeed me.

2. As Settlor I hereby acknowledge and declare that the Plan stands to be effected in conformity with the requirements of the Revenue Commissioners for the purpose of paying 'relevant tax' as defined in the said Section 72, and I declare that I have requested the Company to issue the Plan to me as a trustee to hold the same and the benefits which may thereunder accrue upon the trusts now by me declared.
3. The trusts that as Settlor I so declare, and which as trustee for the time being I hereby assume, are to hold the Plan and the benefits which may thereunder accrue:
- (a) UPON TRUST, if a benefit of the plan shall become payable by reason of my death while the Plan is still a qualifying insurance plan within the meaning of Section 72 of the CAT Consolidation Act 2003 (as amended), to pay Relevant Tax for which any of my successors is primarily accountable, in such proportions as I shall by deed appoint (and in default of and subject to any appointment), to pay Relevant Tax for which the following persons shall be primarily accountable in the proportion to which they shall be accountable.

### Beneficiaries

If this section is not completed the proceeds will be used to pay Relevant Tax for all beneficiaries in their respective proportions.

- (b) UPON TRUST, if there is a surplus remaining due under the Plan after paying Relevant Tax, or if the Plan ceases at the date of my death to be a qualifying insurance plan, to transfer the surplus to the legal personal representative or representatives of my estate.

### Supplementary provisions

4. The power to appoint new or additional trustees shall during my life be vested in me the Settlor.  
After my death that power shall be vested in

of

or in such other person as I may hereafter by notice in writing to the Company substitute therefore, or if no person is nominated, in my personal representative or representatives.

**Note:** You may insert the name and address of a person with power to appoint a trustee after the settlor's death, if you wish.

### Trustees' Powers

5. In addition to the general powers of trustees at law, the trustees shall have the following powers:
- (a) to exercise any rights or options under the Plan.
- (b) to invest the Plan monies or capital or income derived from the Plan in assets including life assurance plans and annuities as if the trustee or trustees were the absolute beneficial owners of the Plan.
- (c) if at any time a trustee is engaged in a profession or business he may be paid for the work in connection with this trust done by him (or by his employee or associate in such profession or business) such reasonable charges as arise in the ordinary course of that profession or business.

Signed (Settlor) ☒

Dated  /  /

Witness ☒

Dated  /  /

#### Please Note

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Irish Life Assurance plc is regulated by the Central Bank of Ireland.





# INHERITANCE TAX TRUST FORM

## - JOINT LIFE - SECOND DEATH

This trust form is provided by Irish Life Assurance plc.

### **Please Note that just one Trust form will apply to you**

#### **Who is the Settlor and what power does the Settlor have?**

- The Settlers are the lives assured on the plan and under the attached Trust form, are also the initial Trustees. At Section 1, please fill in the name and address of the Lives Assured (i.e. Persons to be covered), along with the date the application form for cover was completed.
- The Settlers have the power to appoint a new or additional Trustee and could also remove any such Trustee. On the death of one Settlor, the power to appoint Trustees remains with the surviving Settlor.
- Section 4 of the Trust Form allows the Settlers to nominate someone who has the power to appoint a Trustee after the death of both Settlers, in the case where there is no Trustee available. This nominated person can be changed by either settlor at any time. If no-one has been nominated, the Legal Personal Representative of the surviving Settlor's Estate has the power to appoint Trustees after the death of the surviving Settlor.

#### **Who are the Trustees and what power do they have?**

- The Trustees are the legal owners of the plan and are directed to hold the plan for the benefit of the Beneficiaries.
- The Trust form provides that the Settlers are the initial Trustees but they may appoint additional Trustees if they so wish. The form does not make any provision for the appointment of such additional Trustees, but they may be added at any time. Irish Life must be informed in writing of any such appointment of additional Trustees.
- The powers of the Trustees are outlined in Section 5 of the Trust Form.
- Irish Life can only deal with Trustees, the legal owners of the plan, in all future events. We request that we be notified in writing by the Trustees of any change in circumstances of this Trust, such as any appointment, resignation, dismissal, removal, retirement, revocation or any other act of the Settlers or Trustees.

#### **Who is the nominated person on the death of the Settlor and what power does he/she have?**

- As stated above, Section 4 of the Trust form makes provision for the appointment of a nominated person who has the power to appoint a Trustee after the surviving Settlor's death, where there is no Trustee available. If this power is to remain with the Settlers, and on second death, to go to the Legal Representative of the surviving Settlor's Estate, please leave Section 4 blank. If a nominated person is to be appointed, please insert their name and address in the space provided.

#### **Who are the Beneficiaries?**

- A Beneficiary is a person for whom the plan is held by the Trustees.
- If no Beneficiaries are specified under Section 3(a) of the Trust form, the life cover amount will be paid out to all beneficiaries of the surviving Settlor's Estate, in their respective proportions. Therefore, if Section 3 is left blank, the life cover amount will be split between all beneficiaries of the surviving Settlor's Estate in the same proportion as their liability bears to the entire inheritance tax liability. Any surplus will be paid into the surviving Settlor's Residue\* and will be taxable.
- The Settlor can specify in Section 3 who the Beneficiaries of the plan will be on the death of the surviving Settlor and the life cover amount will be paid out to the named Beneficiaries in the same proportion as their individual liability bears to their combined liabilities. Any surplus will be paid into the surviving Settlor's Residue and will be taxable.

#### **What happens on death?**

- On the death of the surviving Settlor, we will pay the life cover amount to the Trustees, who will pay over to the Beneficiaries, who will use it to pay their inheritance tax liabilities. If the Settlers are the only Trustees, we will then either pay over to the Legal Personal Representative of the surviving Settlor's Estate or to whoever has been appointed by the nominated person under Section 4, as Trustee.
- If there is a surplus remaining, after paying the inheritance tax of the Beneficiaries, it is paid into the surviving Settlor's Residue and will be taxable.
- If the plan no longer qualifies for relief under Section 72, the life cover amount will be paid into the Settlor's Residue and will be taxable.

\*Residue refers to that part of the Estate remaining after all specific inheritances have been paid.

#### **Please Note**

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust form to their own Solicitor for examination.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

## Declaration of Trust

In respect of a joint - life second death plan to be issued pursuant to Section 72 of the CAT Consolidation Act 2003 (Please insert the names of both Settlers)

1. I,   
of   
and,   
of

declare that we have submitted to Irish Life Assurance plc a form of proposal dated / /  seeking a plan of insurance on our lives, the plan sought being one that is expressed to be effected as a qualifying insurance plan' within the meaning of Section 72 of the CAT Consolidation Act 2003 (previously Section 60 of the 1985 Finance Act). In this document we refer to ourselves as 'the Settlers' to Irish Life Assurance plc as 'the Company' and to the said qualifying insurance plan as 'the Plan'. The expression 'trustees' shall embrace us the Settlers as initial trustees and such other persons as may hereafter be appointed to assist or succeed us as trustees.

2. We the Settlers hereby acknowledge and declare that the Plan stands to be effected in conformity with the requirements of the Revenue Commissioners for the purpose of paying 'relevant tax' as defined in the said Section 72, and we declare that we have requested the Company to issue the Plan to us as trustees to hold the same and the benefits which may thereunder accrue upon the trusts now by us declared.
3. The trusts that we as Settlers so declare, and which we as trustees for the time being hereby assume, are to hold the Plan and the benefits which may thereunder accrue:
- (a) UPON TRUST, if a benefit of the plan shall become payable by reason of the death of us the Settlers or one of us while the Plan is still a qualifying insurance plan within the meaning of Section 72 of the CAT Consolidation Act 2003 (as amended), to pay Relevant Tax for which any of our successors is primarily accountable, in such proportions as we the Settlers or the survivor of us shall by deed appoint (and in default of and subject to any appointment), to pay Relevant Tax for which the following persons shall be primarily accountable in the proportion to which they shall be accountable.

## Beneficiaries

If this section is not completed the proceeds will be used to pay Relevant Tax for all beneficiaries in their respective proportions.

- (b) UPON TRUST, if there is a surplus remaining due under the Plan after paying Relevant Tax, or if the Plan ceases at the death of the surviving Settlor to be a qualifying insurance plan, to transfer the surplus to the legal personal representative or representatives of the surviving Settlor to hold as part of his or her estate.

**Note:** Benefit is only payable on the second death of the two settlers.

### Supplementary provisions

4. The power to appoint new or additional trustees shall during my life be vested in the Settlers and in the survivor of them.  
After the death of the survivor of the Settlers that power shall be vested in

of

or in such other person as the Settlers or the survivor of them may hereafter by notice in writing to the Company substitute therefore, or if no person is nominated, in the personal representative or representatives of the survivor of the Settlers.

**Note:** You may insert the name and address of a person with power to appoint a trustee after the death of both Settlers, if you so wish.

### Trustees' Powers

5. In addition to the general powers of trustees at law, the trustees shall have the following powers:

- (a) to exercise any rights or options under the plan.
- (b) to invest the Plan monies or capital or income derived from the Plan in assets including life assurance plans and annuities as if the trustee or trustees were the absolute beneficial owners of the Plan.
- (c) if at any time a trustee is engaged in a profession or business he may be paid for the work in connection with this trust done by him (or by his employee or associate in such profession or business) such reasonable charges as arise in the ordinary course of that profession or business.

Signed (Settlor 1)

Dated    /

Witness

Signed (Settlor 2)

Dated    /

Witness

#### Please Note

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust form to their own Solicitor for examination.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

